

Hospital Inpatient Quality Reporting (IQR) and Medicare Promoting Interoperability Programs



Calendar Year (CY) 2026 Available Electronic Clinical Quality Measures (eQMs)

For CY 2026 eQm reporting, hospitals participating in the Hospital IQR Program* and the Medicare Promoting Interoperability Program** are required to successfully submit four quarters of data for five eQMs selected by CMS and three self-selected eQMs. The eQMs selected by CMS are Safe Use of Opioids—Concurrent Prescribing; Cesarean Birth (Perinatal Care [PC]-02), Severe Obstetric Complications (PC-07), Hospital Harm—Severe Hypoglycemia (HH-HYPO), and Hospital Harm—Severe Hyperglycemia (HH-HYPER). The three self-selected eQMs must come from the table below. Each quarter must contain the same eight eQMs. The eQMs must be the same eQMs across quarters in a given reporting year.

Hospitals can use any combination of Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, and/or case threshold exemptions to reflect its total inpatient population. The data must be reported using the [Office of the National Coordinator Health Information Technology certification criteria](#) to meet the certified electronic health record technology (CEHRT) requirement.

The eQm reporting deadline is **Monday, March 1, 2027, 11:59 p.m. Pacific Time**. For additional information, visit the [QualityNet eQMs Overview](#) page and the [eCQI Resource Center Eligible Hospital/Critical Access Hospital eCQm](#) page.

<p>CMS-Selected Safe Use of Opioids (CMS506v8) Safe Use of Opioids— Concurrent Prescribing</p>	<p>CMS-Selected PC-02 (CMS334v7) Cesarean Birth</p>	<p>CMS-Selected PC-07 (CMS1028v4) Severe Obstetric Complications (This eQm is a risk-adjusted measure.)</p>
<p>CMS-Selected HH-HYPO (CMS816v5) Hospital Harm—Severe Hypoglycemia</p>	<p>CMS-Selected HH-HYPER (CMS871v5) Hospital Harm—Severe Hyperglycemia</p>	
<p>HH-AKI (CMS832v3) Hospital Harm—Acute Kidney Injury (This eQm is a risk-adjusted measure.)</p>	<p>HH-FI (CMS1017v2) Hospital Harm—Falls with Injury (This eQm is a risk-adjusted measure.)</p>	<p>HH-RF (CMS1218v2) Hospital Harm— Postoperative Respiratory Failure (This eQm is a risk-adjusted measure.)</p>
<p>MCS (CMS986v5) Malnutrition Care Score</p>	<p>VTE-1 (CMS108v14) Venous Thromboembolism Prophylaxis</p>	<p>VTE-2 (CMS190v14) Intensive Care Unit Venous Thromboembolism Prophylaxis</p>
<p>STK-2 (CMS104v14) Discharged on Antithrombotic Therapy</p>	<p>STK-3 (CMS71v15) Anticoagulation Therapy for Atrial Fibrillation/Flutter</p>	<p>STK-5 (CMS72v14) Antithrombotic Therapy By End of Hospital Day 2</p>
<p>IP-ExRad (CMS1074v3) Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Facility IQR)</p>	<p>HH-ORAE (CMS819v4) Hospital Harm— Opioid-Related Adverse Events</p>	<p>HH-PI (CMS826v3) Hospital Harm—Pressure Injury</p>

*The submission of CY 2026 eQm data will affect the FY 2028 payment determination.

**The submission of CY 2026 eQm data will affect FY 2028 payment determination for eligible hospitals and the FY 2026 payment determination for critical access hospitals (CAHs).